U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Feilure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT
E (NG17206)	
L L L L L L L L L L L L L L L L L L L	
1 File Number U 9478	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Robert A Fozio	Name Northern Ohio Administrative District Council
	Labor Organization File Number 530/73
P O Box Bldg Room No If any	P O Box Building and Room Number if any
Street 16600 Sprague Road Suite 275	Street 16600 Sprague Road Suite 275
City Middleburg Heights	City Middleburg Heights
State Ohio ZIP Code + 4 44130	State Ohio ZIP Code + 4 44130
5 Position in labor organization District Director	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Enter appropriate data below if during the past fiscal year you or your spo (except as specified in the exclusion)	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions)
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name if any	
PO Box Bldg Room No If any	
	7 b Amount.
Street	
City	\$0
State ZIP Code + 4	
Sign	nature
15 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompaniundersigned's knowledge and belief true correct, and complete (See the se	ying documents) has been examined by the signatory and is to the best of the
Simulation of the Alexander	On 8/12/2005 440-234-4070
Signed Synut II Town	On 8/12/2005 440-234-4070 Date Telephone Number
1	para i eleptrotte number

Name of Person Filing Robert Fozio		File Number U	
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent or irectly to or otherwise	3	
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c Employer	tion	
10 If 9 b or 9 c is checked give trust or employer's name Name Barrow Hanley Mewhinney & Strauss Trade Name if any PO Box Bidg Room No if any JP Morgan Chase Tower Street 2200 Ross Avenue 31st Floor	11 a Nature of such deals Trustees Dinner on Estimated value ov	9/9/2004	
	11 b Approximate dollar valu	ue of such dealing	
City Dallas State Texas ZIP Code + 4 75201	12 a Nature of interest hel	d or income received	
	12 b Amount		\$0
-C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name			
Trade Name if any			
P O Box Bldg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		\$0

Name of Person Filing Robert Fozio		File Number U-				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c Employer	ition				
10 If 9 b or 9 c is checked give trust or employer's name Name NWQ Investment Management Co Trade Name If any PO Box Bidg Room No if any Street 333 West Wacker Drive 32nd Floor City Chicago State Illinois ZIP Code + 4 60606	11 a Nature of such deals Trustees Dinner on Estimated value ov 11 b Approximate dollar value 12 a Nature of interest her	3/18/2004 er \$25 00 ue of such dealing				
	12 b Amount		\$0			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any P O Box Bidg Room No if any Street City ZiP Code + 4	14 a Nature of payment.					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		\$0			

Name of Person Filing Robert Fozio	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent or irectly to or otherwise	
8 Name and address of Business (including trade name if any) Name Trade Name if any: P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization X b Trust c Employer	
10 If 9 b or 9 c. is checked give trust or employer's name Name Invesco Global Assets Management Trade Name if any P O Box Bldg Room No if any	11 a Nature of such dealing Trustees Dinner on 6/17/2004 Estimated value over \$25 00	
Street 1360 Peachtree St NE Suite 100 City Atlanta State Georgia ZiP Code + 4 30309	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received	
	12 b Amount	\$0
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZiP Code +4	14 a Nature of payment.	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	\$0

Name of Person Filing Robert Fozio	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent or irectly to or otherwise	
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZiP Code + 4	9 Business deals with a Labor Organization b Trust c Employer	
10 if 9 b or 9 c is checked give trust or employer's name Name Evergreen Investments Trade Name if any: PO Box Bldg Room No if any	11 a Nature of such dealing Trustees Dinner on 12/9/2004 Estimated value over \$25 00	
Street 123 South Broad Street	11 b Approximate dollar value of such dealing	
City Philadelphia State Pennsylvania ZIP Code + 4 19109	12 a Nature of interest held or income recei	ved
	12 b Amount	\$0
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name Trade Name If any:		
P O Box Bldg Room No If any Street		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	\$0

Name of Person Filing Robert Fozio	Fite Number U	
B Held an interest in or derived income or economic benefit with monetary values obstantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	nse dealing with the business ely seeking to represent, or rectly to or otherwise	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Faulkner Muskovitz & Phillips LLP	П	·
Trade Name of any	a Labor Organization	
PO Box Bldg Room No if any	b Trust	
Street 820 West Superior Avenue 9th Floor	[v] v zp.vys.	
City Cleveland		
State Oh10 ZIP Code + 4 44113		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Christmas Fruit Basket received on	12/2004
Trade Name If any	Estimated value over \$25 00	
P O Box Bldg Room No if any		
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4		
		!
L	12 b Amount	\$0
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment	
(including trade name if any)		
Name		
Trade Name If any		
P O Box Bidg Room No if any		ļ
Street		
Crty		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.	\$0

Name of Person Filing Robert Fozio	File Number U						
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested							
8 Name and address of Business (Including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer						
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing						
Name Ohio Bricklayers Health & Welfare Fund Trade Name if any PO Box Bldg Room No if any	Travel Expense to Trustees Meeting 3/18 - 3/19/2004 6/17 - 6/18/2004 9/9 - 9/10/2004 12/9 - 12/10/2004						
Street 205 West 4th St Suite 225	11 b Approximate dollar value of such dealing	\$1 112					
City Cincinnati State Ohio ZIP Code + 4 45202	12 a Nature of interest held or income received						
	12 b Amount	\$0					
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money							
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.						
Name Trade Name if any							
P O Box Bldg Room No If any							
Street		į					
City							
State ZIP Code + 4							
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	\$0					

Name of Person Filing Robert Fozio	File Number U
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or Irrectly to or otherwise
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer
10 if 9 b or 9 c is checked give trust or employer's name Name Ohio Bricklayers Pension Fund Trade Name if any PO Box, Bidg Room No if any Street 205 West 4th Street Suite 225 City Cincinnati State Ohio ZiP Code + 4 45202	11 a Nature of such dealing Travel Expense to Trustee Meeting 3/18 - 3/19/2004 6/17 - 6/18/2004 12/9 - 12/10/2004 Educational Conference - IFEBP 11/30 - 12/4/2004 11 b Approximate dollar value of such dealing \$1 629 12 a Nature of interest held or income received
	12 b Amount \$0
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	14.a Nature of payment. 14 b Amount of payment.
13 b Is the Business an Employer or Consultant?	\$0

6/29/05

Register Report 1/1/04 Through 12/31/04

Page 1

			12/10/04	9/28/04	9/10/04	6/18/04	3/19/04	Date
			Ohio B L P	Account				
			10772	DEP	10565	10430	10281	Num
NET TOTAL	TOTAL INFLOWS TOTAL OUTFLOWS	TOTAL 1/1/04 12/31/04	Robert A Fozio	Description				
			Travel exp 12/9 12/10/04 meet		Travel Adv Conf 0401	travel expense 06/17 06/18/0	Travel Exp 03/18 03/19/04 mtg	Memo
			Meeting Expense Travel Expense	Category				
1								Clr
1 628 16	1 166 64 2 794 80	1 628 16	87.00	10001	1 166 64	3 000 00	431 IO 474 IO	Amount

Register Report 1/1/04 Through 12/31/04

			12/10/04	6/18/04	3/19/04	Date	6/29/05
			Ohio B L	Ohio B L	Ohio B L	Account	3
			14197	13698	13547	Num	3
NET TOTAL	TOTAL INFLOWS TOTAL OUTFLOWS	TOTAL 1/1/04 - 12/31/04	Robert A Fozio	Robert A Fozio	Robert A Fozio	Description	
			Travel Exp 9/9 9/10/04 meetings Travel exp 12/9 12/10/04 meeti	travel expense 06/17 06/18/0	Travel Exp 03/18 03/19/04 mtg	Memo	c
			Meeting Expense Travel Expense Meeting Expense Travel Expense		Meeting Expense Travel Expense	Category	
Į		Į				Clr	
1 112 01	0 00 1 112 01	1 112 01	89 60	431 10	274 10	Amount	Page 1